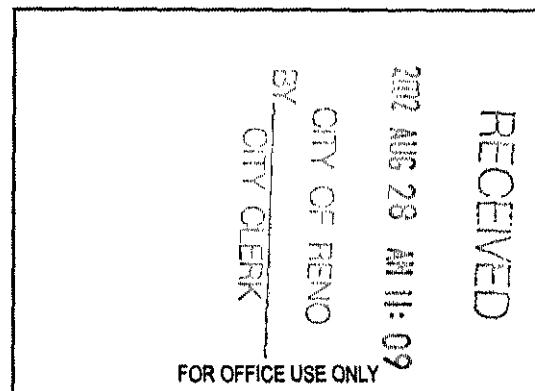


Name (print) Rose Gordon Office (if applicable) Removity Council District (if applicable) Ward 4  
 Mailing Address (include city and zip code) P.O. Box 454 Sparks, NV 89432 Telephone No. \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

☐ SUB-APPROPRIATION ☐ CANDIDATE ☐ PAC ☐ PAC ☐ PAC ☐ PAC ☐ PAC ☐ PAC

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002  
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002  
 BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

**BALANCE**

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \_\_\_\_\_

**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100 \_\_\_\_\_

2. Total amount of monetary contributions of \$100 or less \_\_\_\_\_

Actual number of monetary contributions of \$100 or less \_\_\_\_\_

3. Interest and income earned on contributions, if any \_\_\_\_\_

4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) \_\_\_\_\_

5. Total amount of In Kind Contributions \_\_\_\_\_

**EXPENSES SUMMARY**

6. Total amount of monetary expenses in excess of \$100 \_\_\_\_\_

7. Total amount of monetary expenses of \$100 or less \_\_\_\_\_

8. Expense for filing fee \_\_\_\_\_

9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) \_\_\_\_\_

Remaining Balance (Subtract line 9 from 4) \_\_\_\_\_

10. Total amount of In Kind Expenses \_\_\_\_\_

**AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

Date Executed On \_\_\_\_\_

District (if applicable)

[illegible]

PAGE \_\_\_\_\_ OF \_\_\_\_\_

District (if applicable)

[illegible]

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

| CATEGORIES                                                                            | CODE |
|---------------------------------------------------------------------------------------|------|
| Office expenses                                                                       | A    |
| Expenses related to volunteers                                                        | B    |
| Expenses related to travel                                                            | C    |
| Expenses related to advertising                                                       | D    |
| Expenses related to paid staff                                                        | E    |
| Expenses related to consultants                                                       | F    |
| Expenses related to polling                                                           | G    |
| Expenses related to special events                                                    | H    |
| ** Goods and services provided in kind for which money would otherwise have been paid | I    |
| Other miscellaneous expenses                                                          | J    |

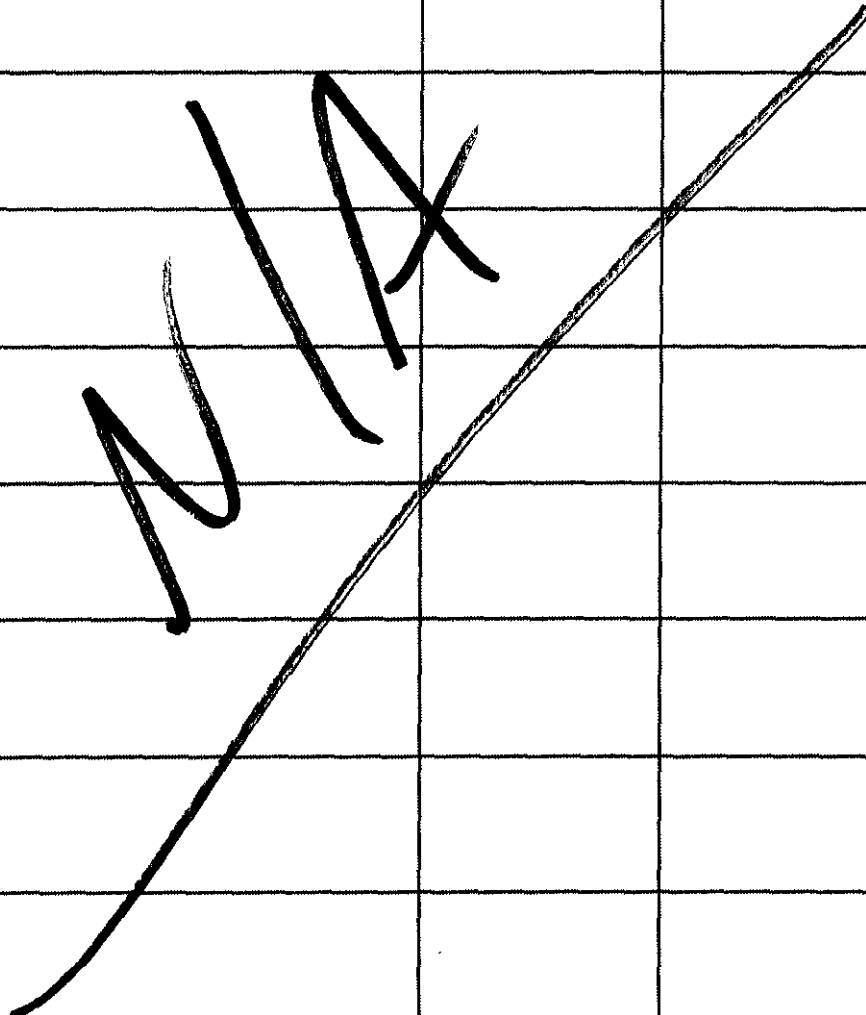
**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY OF EXPENSE (e.g., Travel, etc.) | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|-----------------------------------------------------------------------------------------------|------------------------------------------|----------------------|------------------------|
|            |                                          |                      |                        |
|                                                                                               |                                          |                      |                        |
|                                                                                               |                                          |                      |                        |
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District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**[illegible]

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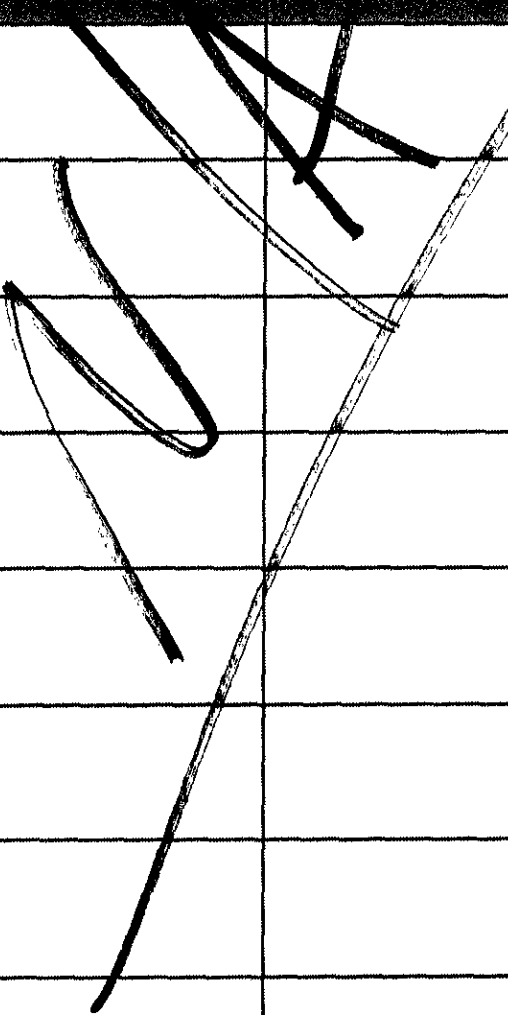
Name (print)

Office (if applicable)

District (if applicable)

## IN KIND

## Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|------------------------------------------------|
|                            |                                              |                                       |                                                |
|                                                                                                              |                                              |                                       |                                                |
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